



INSURE MONTANA - Plan of Operation

ADOPTED BY BOARD ACTION ON DECEMBER 13, 2005
REVISED BY BOARD ACTION AUGUST 10, 2006
REVIEWED AT CONTRACT RENEWAL JANUARY 1, 2007
REVISED BY BOARD ACTION FEBRUARY 19, 2008
REVISED BY BOARD ACTION DECEMBER 2, 2008
REVISED BY BOARD ACTION MAY 11, 2010
REVISED BY BOARD ACTION DECEMBER 7, 2010
REVISED BY BOARD ACTION MAY 1, 2012

Purchasing Pool Name

The Small Business Health Insurance Program will promote its insurance products under the name "Insure Montana".

Mission Statement

Increase the well-being of all Montanans by enabling access to comprehensive healthcare for the members of the small business workforce and their families.

Public Participation

The Insure Montana program will comply with public participation in agency decisions pursuant to § 2-3-103, MCA by the following:

- Posting Board and Subcommittee meeting dates on the website.
- Posting Board and Subcommittee meeting agendas on the website. The agendas will include an indication which topics will require a vote by the Board members. Public comment will be allowed after discussion of each agenda item prior to a vote by Board members.
- Posting a definition of the open meeting procedures on the website.
- Posting Board and Subcommittee approved meeting minutes on the website.
- Posting information regarding how a person may be included in the 'interested parties' list for the program.
- Posting the Plan of Operation on the website.

RFP Process

The Insure Montana program will follow the State Procurement Process guidelines to propose additional insurance carriers. The Board may request Insure Montana staff to submit a Request for Proposal more often for any of, but not limited to, the following reasons: Complaints about current carrier, increased funding, expansion of the pool, and increase to rates.

Insurer(s)

The Board, with assistance from staff and the Department of Administration, will complete the selection of insurer(s) utilizing the Request for Proposal (RFP) process.

Insurance Plans and Benefit Levels:

Throughout the RFP process and negotiations the Board approved the following plan design goals:

- Have no lifetime maximum benefit. Wellness and preventive services coverage.
- Prescription Drug Plan with a separate deductible set at \$100 and \$200 per plan member with a tiered formulary with the exception of the CMM HSA plan.
- Preventive and Diagnostic Dental coverage.

In keeping with the plan design goals stated above, the three Insure Montana plans as agreed to with the insurer are:

Insure Montana Standard Plan

| | |
|------------------------------|--|
| Individual Deductible | \$1,500 |
| Family Annual Deductible | \$3,000 |
| Annual Out of Pocket Maximum | \$3,500 Individual / \$7,000 Family |
| Coinsurance | 60/40 |
| Network | Healthlink PPO (also offered with the Traditional Network) |
| Lifetime Maximum Benefit | None |
| Rx | 3 Tiered Formulary \$200 per member deductible Co-payments of \$10/\$30/\$75 |
| Supplemental Accident | Subject to regular benefits |
| Exclusions from Deductible | Diabetic Education Benefit, Well-Child Care (through age 7), Preventive Health Services, Mammograms and first two professional physician office visits per member per benefit period (PPO only) paid at 100% |
| Dental | 2 exams and cleanings per year; 1 full-mouth x-ray or series in 36 months; 1 set of supplementary bitewing in any plan year 80/20% up to plan maximum of \$1,000 per plan year |
| Fillings/Oral Surgery | |

Insure Montana Premier Plan

| | |
|------------------------------|--|
| Individual Deductible | \$750 |
| Family Annual Deductible | \$1,500 |
| Annual Out of Pocket Maximum | \$2,500 Individual/ \$5,000 Family |
| Coinsurance | 75/25 |
| Network | Healthlink PPO (also offered with the Traditional Network) |
| Lifetime Maximum Benefit | None |
| Rx | 3 Tiered Formulary \$100 per member deductible Co-payments of \$10/\$30/\$75 |
| Supplemental Accident | Subject to regular benefits |
| Exclusions from Deductible | Diabetic Education Benefit, Well-Child Care (through age 7), Preventive Health Services, Mammograms and first two professional physician office visits per member per benefit period (PPO only) paid at 100% |
| Dental | 2 exams and cleanings per year; 1 full-mouth x-ray or series in 36 months; 1 set of supplementary bitewing in any plan year 80/20% up to plan maximum of \$1,000 |
| Fillings/Oral Surgery | per plan year |

Insure Montana HDHPe Plan

| | |
|------------------------------|--|
| Individual Deductible | \$2,700 |
| Family Annual Deductible | \$5,400 |
| Annual Out of Pocket Maximum | \$2,700 Individual/ \$5,400 Family |
| Coinsurance | 0% |
| Network | Healthlink PPO |
| Lifetime Maximum Benefit | None |
| Rx | Processed under regular medical benefits |
| Supplemental Accident | Subject to regular benefits |
| Exclusions from Deductible | Diabetic Education Benefit, Well-Child Care (through age 7), Preventive Health Services and Mammograms |
| Dental | 2 exams and cleanings per year; 1 full-mouth x-ray or series in 36 months; 1 set of supplementary bitewing in any plan year 80/20% up to plan maximum of \$1,000 |

| | |
|-----------------------|---------------|
| Fillings/Oral Surgery | per plan year |
|-----------------------|---------------|

Other Benefit Coverages:

- Dependents covered to age 26
- Domestic Partners covered upon criteria certification
- Yearly open enrollment for employees to add dependents
- Healthy Wonders Program
- Employee Assistance Program
- Well With Blue Wellness Program

Premium Incentive/Assistance Schedule

The Board approved a Premium Incentive and Assistance (PI-PA) schedule at its December 13, 2005 meeting.

The schedule is as follows:

| Employee Only (single no children) | | | Premium Assistance Percentage |
|---|-----------|----------|-------------------------------|
| | less than | | |
| <100% FPL | | \$9,570 | 90% |
| 100%-149% FPL | \$9,570 | \$14,355 | 80% |
| 150%-199% FPL | \$14,355 | \$19,140 | 70% |
| 200%-249% FPL | \$19,140 | \$23,925 | 60% |
| 250%-299% FPL | \$23,925 | \$28,710 | 40% |
| | and | | |
| 300%+ FPL | \$28,710 | over | 20% |
| Employee and Spouse (married no children) | | | Premium Assistance Percentage |
| | less than | | |
| <100% FPL | | \$12,830 | 90% |
| 100%-149% FPL | \$12,830 | \$19,245 | 80% |
| 150%-199% FPL | \$19,245 | \$25,660 | 70% |
| 200%-249% FPL | \$25,660 | \$32,075 | 60% |
| 250%-299% FPL | \$32,075 | \$38,490 | 40% |
| | and | | |
| 300%+ FPL | \$38,490 | over | 20% |
| Employee and Child(ren) (single with 2 children) | | | Premium Assistance Percentage |
| | less than | | |
| <100% FPL | | \$16,090 | 90% |
| 100%-149% FPL | \$16,090 | \$24,135 | 85% |
| 150%-199% FPL | \$24,135 | \$32,180 | 80% |
| 200%-249% FPL | \$32,180 | \$40,225 | 65% |
| 250%-299% FPL | \$40,225 | \$48,270 | 50% |

| | | | |
|---|-----------|----------|-------------------------------|
| 300%+ FPL | \$48,270 | and over | 20% |
| Family (married with 2 children) | | | Premium Assistance Percentage |
| <100% FPL | less than | \$19,350 | 90% |
| 100%-149% FPL | \$19,350 | \$29,025 | 85% |
| 150%-199% FPL | \$29,025 | \$38,700 | 80% |
| 200%-249% FPL | \$38,700 | \$48,375 | 65% |
| 250%-299% FPL | \$48,375 | \$58,050 | 50% |
| 300%+ FPL | \$58,050 | and over | 20% |

The board approved the following basic principals when they approved the above schedule:

1. The PI-PA schedule will be based upon the prices for the 2010 Standard Healthlink PPO rates.
2. The maximum incentive and assistance payments will be capped at the 50-54 age bracket and health tier 6 for the Standard Healthlink PPO plan through June 30, 2010.
3. The PI-PA schedule will vary for all other plans based upon plan design and cost with the maximum for any plan being the maximum as outlined in #1 above.
4. Employers must pay 50% of the employee-only premium of the plan that the employer chooses to offer to employees.
5. Premium Incentive payments to the employer will be capped at 25% of the employee-only premium in the 2010 Standard Healthlink PPO rates; however, the PI payments will increase by 25% of the amount that an employer contributes to the premium exceeding 50% of the premium amount.
6. The employer incentive and employee assistance payments will be capped at the 2007 levels through June 30, 2010.

Agent Relation Information

The Insure Montana staff will partner with qualified agents regarding the Insure Montana products. Staff will conduct a minimum of two agent trainings a year to educate and update agents about the program.

Marketing/Outreach/Publicity

The Insure Montana staff will conduct public outreach in accordance of budgetary considerations, geographic equity, and as recommended by the Board. Recommended approaches include but are not limited to: Press events by the Governor and Commissioner, radio interviews, town hall meetings, communication with agents, business to business communication

(word of mouth) of already enrolled businesses, and communication with small business organizations.

Insure Montana Administrative Duties to the Board

Insure Montana staff will provide updates to the Board on a quarterly basis or more frequently as requested by the Board. Updates will include items such as enrollment figures and projections, expended budget, and financial reports as available.

Sub-Committee Information

1. RFP/Plan Design Committee
2. Premium Assistance Schedule Committee
3. Plan of Operation Committee
4. Legislative Committee
5. Income and Budget Computation Policy Committee

One-Time Eye Exam Benefit

The Board, with assistance from staff and the Department of Administration, completed the selection of a vision exam services plan utilizing the Request for Proposal (RFP) process.